

**DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
CHAPTER 104
EMERGENCY MEDICAL SERVICES**

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Sub-chapter 1 General Provisions

37.104.101 DEFINITIONS The following definitions apply in subchapters 1 through 4:

new "Advanced life support" means the same as ARM 24.156.2701 (1).

Reason: This definition differentiates between ALS and BLS and helps define the ability for any service, BLS or ALS, to provide ALS care, but as noted in the next definition, only services that can provide ALS 24/7 will be licensed to that level.

- (1) "Advanced life support service" means an ambulance service or non-transporting medical unit which has the capacity to reasonably provide care at the EMT-paramedic equivalent level ~~any of the following levels and/or endorsements on a 24 hour, seven day a week basis:~~
- (a) ~~endorsements EMT-B 1, EMT-B 3, EMT-B 4, and EMT-B 5;~~
 - (b) ~~EMT-I and all EMT-I endorsements;~~
 - (c) ~~EMT-P and all EMT-P endorsements.~~

Reason: Integrates EMT-I, EMT-P and the intervening endorsement levels into one level - advanced life support. Any service (BLS or ALS) can be authorized to provide ALS care, but only services that can provide it 24/7 will be licensed at that level. BLS services that will provide it on a 'part-time' basis will receive an authorization for ALS on their BLS license.

- (2) "Advanced life support (ALS) kit" means ~~all of the following~~ equipment and supplies necessary to support the level of care and/or endorsements authorized by the service medical director.
- ~~(a) an EMT-intermediate kit, with the exception that the monitor/defibrillator must have a self-contained monitor, ECG strip writer, and quick look paddles;~~
 - ~~(b) five each of three assorted sizes of needles;~~
 - ~~(c) two each of three assorted sizes of syringes;~~
 - ~~(d) medications consistent with the level of service and as identified in protocols.~~

Reason: Protocols are now standardized and the medications and skills needed for the EMT levels and endorsements should be controlled by the service medical director.

- (3) "Advisory committee" means the department advisory committee specified in 50-6-324, MCA.

- (4) "Ambulance service" means an emergency medical service that utilizes an ambulance.

new: "Authorization" means department approval of an ambulance service or NTU to provide advanced life support on a less than a 24 hours per day, 7 day per week basis due to limited personnel.

Reason: Services requesting approval to provide limited ALS will receive an 'authorization' on their basic life support license. This should better define to the public what care

the local ambulance or NTU service is able to provide and lesson potential liability to the service and the department.

- (5) "Automated external defibrillator" means a medical device heart monitor and defibrillator, ~~with an event recorder, that is approved by the Federal Drug Administration, U.S. Department of Health and Human Services department and that:~~
- ~~(a) is capable of recognizing the presence or absence of ventricular fibrillation and rapid ventricular tachycardia and of determining whether defibrillation should be performed; and~~
 - ~~(b) whenever it determines that defibrillation should be performed, charges and delivers an electrical impulse at the command of the operator.~~

Reason: FDA approves AED's and the department should defer to the FDA for their approval.

- (6) "Basic equipment kit" means all of the following equipment and supplies:
- (a) two air occlusive dressings;
 - (b) one blood pressure manometer with adult, extra large adult, and pediatric cuffs;
 - (c) one stethoscope;
 - (d) five dressings (assorted);
 - (e) two pairs of exam gloves;
 - (f) one pair of safety glasses to provide splash protection for the emergency care provider;
 - (g) one surgical mask;
 - (h) one oral glucose;
 - (i) one flashlight;
 - (j) four soft roller bandages;
 - (k) four rolls of adhesive tape of assorted sizes;
 - (l) four triangular bandages;
 - (m) four oropharyngeal airways of assorted child and adult sizes;
 - (n) one mouth to mask resuscitator with one-way valve, oxygen inlet and oxygen connecting tubing;
 - (o) one bulb syringe or equivalent suction apparatus;
 - (p) one portable oxygen system containing at least 200 liters of oxygen and with regulator and flowmeter;
 - (q) one adult and one pediatric oxygen mask;
 - (r) one nasal oxygen cannula;
 - (s) one pair of scissors;
 - (t) one pair of heavy leather gloves;
 - (u) one helmet for personnel that is capable of protection from head injury;
 - (v) paper and pen or pencil.

new "Basic life support" (BLS) means the same as ARM 24.156.270(4).

Reason: Mirrors board rules.

- (7) "Basic life support service" means an ambulance service or non-transporting medical unit capable of providing care at the basic life support level.
- (a) an ambulance service or NTU that provides care at the EMT-B 2 level will receive

- a basic life support license.
- (b) other than defined in (a) above, an ambulance service or NTU that provides advanced life support but cannot reasonably provide it 24 hours per day, seven days per week due to limited personnel, will receive a basic life support license.
- (c) ambulance services or NTUs shall request authorization for (a) or (b) above by submitting a service plan on forms provided by the Department.

Reason: Defines that services who are providing endorsement 2 Monitoring (ie. pulse ox and/or glucometer) to still be BLS services.

Allows services licensed at a BLS level but with limited ALS personnel to provide ALS when those personnel are available. These services will submit a Service Plan which describes their response limitations and how they plan to provide limited services. Authorization will be noted on their service license.

(new) "Board" means the board of medical examiners, department of labor and industry.

Reason: These rule changes are drafted in order to integrate as smoothly as possible with the board rules relative to EMT certification and medical control and the board needs to be defined.

- (8) ~~"Defibrillator with dual channel recording capabilities" means a device, approved by the Federal Drug Administration, U.S. Department of Health and Human Services department, capable of continuously recording the electrocardiogram and simultaneously recording the events at the scene, and shall be portable, self-contained, DC powered, and capable of defibrillation according to the defibrillation protocol, either manually, semi-automatically or automatically. voice recording not available any more.~~

Reason: As noted in AED above.

- (9) ~~"Defibrillation protocol" means a uniform protocol for an EMT-defibrillation equivalent or EMT-intermediate equivalent functioning within an emergency medical service, adopted by the Montana board of medical examiners for statewide use, specific to the type of defibrillator being used, and signed by the off-line medical director.~~

Reason: There no longer is a separate defibrillation protocol defined by the board.

- (10) ~~"Emergency medical technician-basic (EMT-basic)" means an individual who is certified as an EMT-basic by the Montana Board of Medical Examiners.~~

"Emergency medical technician-basic" or "EMT-B" means an individual who is licensed by the board as defined in ARM 24.156.2701(11).

Reason: This definition mirrors the board rules.

- (11) "Emergency medical technician-basic (EMT-basic) equivalent" means:
 - ~~(a) from January 1, 1990, through December 31, 1992, one of the following:~~
 - ~~(i) EMT-basic;~~
 - ~~(ii) EMT-defibrillation;~~

- ~~_____ (iii) EMT-intermediate;~~
- ~~_____ (iv) EMT-paramedic;~~
- ~~_____ (v) registered nurse;~~
- (b) ~~from January 1, 1993, on, one of the following:~~
 - ~~(i) EMT-basic;~~
 - ~~(ii) EMT-defibrillation;~~
 - ~~(iii) EMT-intermediate;~~
 - ~~(iv) EMT-paramedic;~~
 - (xx) Any licensed EMT provider above EMT-Basic, including endorsements;
 - ~~(v) grandfathered nurse;~~
 - (vi) registered nurse with supplemental training.

Reason: Eliminate the category of grandfathered nurse and require all nurses providing field care to have medical director sign off for supplemental training.

(12) ~~"Emergency medical technician-defibrillation (EMT defibrillation)" means a person certified as an emergency medical technician-defibrillation by the Montana board of medical examiners.~~

(13) ~~"Emergency medical technician-defibrillation (EMT defibrillation) equivalent" means:~~

- ~~_____ (a) from January 1, 1990, through December 31, 1992, one of the following:~~
 - ~~_____ (i) EMT-defibrillation;~~
 - ~~_____ (ii) EMT-intermediate;~~
 - ~~_____ (iii) EMT-paramedic;~~
 - ~~_____ (iv) registered nurse who has written authorization from the off-line medical director to perform defibrillation according to protocol;~~
- ~~_____ (b) after January 1, 1993, one of the following:~~
 - ~~_____ (i) EMT-basic who has successfully completed either an EMT basic transition course approved by the department or an EMT-basic course following the United States department of transportation's 1994 national standard curriculum, which is adopted by reference as noted in (42) below;~~
 - ~~_____ (ii) EMT-defibrillation;~~
 - ~~_____ (iii) EMT-intermediate;~~
 - ~~_____ (iv) EMT-paramedic;~~
 - ~~_____ (v) grandfathered nurse;~~
 - ~~_____ (vi) registered nurse with supplemental training.~~

Reason: Recent changes in the BOME rules have eliminated the defibrillation level of certification. ie. EMT scope of practice allows utilization of the AED as a basic skill. Manual defibrillation is under the training and scope of practice of other levels and will be defined under endorsements.

(14) ~~"Emergency medical technician-intermediate (EMT intermediate)" means a person certified as an emergency medical technician-intermediate by the Montana Board of Medical Examiners.~~

"Emergency medical technician-intermediate" or "EMT-I" means an individual who is licensed by the board as an EMT-I.

Reason: This new definition mirrors the language of the board rules.

- (15) "Emergency medical technician-intermediate (EMT intermediate) equivalent" means:
- ~~(a) from January 1, 1990, through December 31, 1992, one of the following:~~
 - ~~(i) EMT-intermediate;~~
 - ~~(ii) EMT-paramedic;~~
 - ~~(iii) registered nurse who has written authorization from the off-line medical director to perform at the EMT-intermediate level;~~
 - ~~(b) from January 1, 1993, on, one of the following:~~
 - ~~(i) EMT-intermediate;~~
 - (xx) Any licensed EMT provider above EMT-Intermediate, including endorsements;
 - ~~(ii) EMT-paramedic;~~
 - ~~(iii) grandfathered nurse;~~
 - ~~(iv) registered nurse with supplemental training.~~

Reason: Eliminate the category of grandfathered nurse and require all nurses providing field care to have medical director sign off for supplemental training.

- (16) ~~"Emergency medical technician-paramedic (EMT-paramedic)" means a person certified as an emergency medical technician-paramedic by the Montana board of medical examiners.~~

"Emergency medical technician-paramedic" or EMT-P" means an individual who is licensed by the board as an EMT-P.

Reason: This new definition mirrors the language of the board rules.

- (17) "Emergency medical technician-paramedic (EMT-paramedic) equivalent" means:
- ~~(a) from January 1, 1990, through December 31, 1992, one of the following:~~
 - ~~(i) EMT-paramedic;~~
 - ~~(ii) registered nurse who has written authorization from the off-line medical director to perform at the EMT-paramedic level;~~
 - ~~(b) from January 1, 1993, on, one of the following:~~
 - ~~(i) EMT-paramedic;~~
 - (xx) Any EMT provider with an endorsement above EMT-Paramedic;
 - ~~(ii) grandfathered registered nurse;~~
 - ~~(iii) registered nurse with supplemental training.~~

- (18) ~~"EMT-defibrillation life support service" means an emergency medical service capable of providing care at the EMT-defibrillation equivalent level.~~

- (19) ~~"EMT-D defibrillation kit" means the following equipment and supplies:~~
- ~~(a) one defibrillator with dual channel recording capabilities or an automated external defibrillator;~~
 - ~~(b) electrodes sufficient for two patients; and~~
 - ~~(c) a patient cable.~~

Reason: Since there's no longer "EMT-D's" this must be deleted, but the equipment is still required in the EMT-I kit.

- (20) ~~"EMT-intermediate kit" means all of the following equipment and supplies:~~
- ~~(a) a total of 1000 cc's of dextrose, 5% in water;~~
 - ~~(b) a total of 2000 cc's of lactated Ringers solution;~~
 - ~~(c) a total of 1000 cc's of normal saline IV solution;~~
 - ~~(d) one intravenous administration set, minidrip;~~
 - ~~(e) two intravenous administration sets, standard;~~
 - ~~(f) three each of four different gauge, catheter over the needle, sets;~~
 - ~~(g) two IV tourniquets;~~
 - ~~(h) one esophageal obturator airway;~~
 - ~~(i) one adult pneumatic anti-shock garment;~~
 - ~~(ii) one double lumen airway~~
 - ~~(j) alcohol and betadine swabs;~~
 - ~~(k) two sets of four different sized endotracheal tubes;~~
 - ~~(l) one laryngoscope handle and two blades;~~
 - ~~(m) the EMT-D defibrillation kit.~~
 - ~~(n) one defibrillator with dual channel recording capabilities or an automated external defibrillator;~~
 - ~~(b) electrodes sufficient for two patients; and~~
 - ~~(c) a patient cable.~~

Reason: This equipment and supplies are integrated into the 'advanced life support kit' definition.

- (21) ~~"EMT-intermediate life support service" means an emergency medical service which is capable of providing care at the EMT-intermediate equivalent level.~~

Reason: As per the advanced life support definition above, EMT-I is included in that level of service licensure.

- (new) "Endorsements" are levels of education and authorization that may be added to EMT license as defined in ARM 24.156.2751.

Reason: Defines endorsement for sections of these service licensing rules.

- (22) "FAA" means the federal aviation administration.

- (23) ~~"First responder" means a person who has first responder status by virtue of complying with department guidelines for attaining such status.~~

"Emergency medical technician - first responder" or "EMT-F" means an individual who is licensed by the board as defined by ARM 24.156.2701(12).

Reason: This definition mirrors the language of the board rules.

- (24) ~~"First responder-ambulance" means a person who has first responder-ambulance status complying with department guidelines for attaining such status and EMT-F with an ambulance endorsement as per ARM 24.156.2751.~~

Reason: This changes mirrors the board definition of a curriculum previously known as first

responder ambulance.

(25) "Grandfathered advanced first aid" means:

- ~~— (a) from January 1, 1990, through December 31, 1992, a person certified in:~~
 - ~~— (i) American red cross advanced first aid and emergency care; and~~
 - ~~— (ii) cardiopulmonary resuscitation according to current American heart association standards; and~~
- ~~— (b) on or after January 1, 1993, a person:~~
 - ~~— (i) certified in American red cross advanced first aid and emergency care; certified in American red cross emergency response;~~
 - ~~— (ii) certified in cardiopulmonary resuscitation according to current American heart association standards; and~~
 - ~~— (iii) who was continuously a member of a licensed emergency medical service and certified in American red cross advanced first aid and emergency care from July 1, 1992, through December 31, 1992.~~

Reason: American red cross certification no longer exists. This changes defines that a grandfathered first aider had advanced first aid (before 1992 when it exists) and now maintains emergency care certification.

(26) "Grandfathered nurse" means a registered nurse who is continuously a member of a licensed emergency medical service from July 1, 1992, through December 31, 1992, and who may provide services up to a level equal to the highest level of service they provided during the period from July 1 through December 31, 1992.

(27) "Level of service" means either basic life support, ~~EMT-defibrillation life support, EMT-intermediate life support,~~ or advanced life support services.

Reason: This mirrors the language and intent of the boards rules in which any level or endorsement above EMT-Basic is an advanced life support skill.

~~(28) "Medical control" means the provision of direction, advice, and/or orders by a physician to personnel of an emergency medical service. Medical control includes:~~

- ~~— (a) "On-line medical control", which means the provision of medical direction, advice, and/or orders to emergency care providers while on a call and functioning with a licensed EMT-defibrillation, EMT-intermediate, or advanced life support service. On-line medical control is supervised by the off-line medical director.~~
- ~~— (b) "Off-line medical control", which means the provision of overall medical direction and advice to an emergency medical service.~~

(new) "On-line medical direction" has the same meaning given in ARM 24.256.2701(19).

Reason: This definition mirrors the language of the board rules.

(29) "Non-transporting medical unit (NTU)" means an aggregate of persons who hold themselves out as providers of emergency medical treatment, who do not routinely provide transportation to ill or injured persons and who routinely offer to provide services to the general public beyond the boundaries of a single recreational site, work

~~site, business, school or other facility. are organized to respond to a call for emergency medical services and to treat a patient until the arrival of an ambulance. A non-transporting medical unit:~~

- ~~(a) consists of more than a single individual;~~
 - ~~(b) provides coverage and response, as a group, to a defined geographic area;~~
 - ~~(c) is organized, as a group, to provide a medical response to emergencies as one of its primary objectives;~~
 - ~~(d) is routinely dispatched to emergency medical calls; and~~
 - ~~(e) offers to provide a medical response to other organizations or the public.~~
- ~~(a) A non-transporting EMS service must have an agreement with a licensed ambulance service to ensure continuity of care and adequate transportation for its patients. An ambulance service is not required to approve of or enter into an agreement with a non-transporting EMS service.~~
- ~~(b) A law enforcement agency, fire department, search and rescue unit, ski patrol or mine rescue unit which does not hold itself out as a provider of emergency medical care to the public shall not be considered a non-transporting service solely because members of that unit or department provide medical care at the scene of a medical emergency to which they were dispatched for other purposes.~~

Reason: These changes reflect administrative practice over the years.

- (30) ~~"Off-line medical director" means a physician who:~~
"Service medical director" means a physician or physician assistant-certified who is responsible professionally and legally for overall medical care provided by a licensed ambulance service as defined in ARM 124.156.2701 (20).

Reason: This mirrors the definition of service medical director in the Board rules.

- ~~(a) is responsible and accountable for the overall medical direction and medical supervision of an emergency medical service at the EMT-defibrillation, EMT-intermediate, or advanced life support level;~~
- ~~(b) is responsible for the proper application of patient care techniques and the quality of care provided by the emergency medical services personnel at the EMT-defibrillation, EMT-intermediate, or advanced life support level;~~
- ~~(c) has been approved in writing by a local hospital medical staff and/or department of emergency medicine, if one exists, or, if there is no hospital in the community, by the medical staff and/or department of emergency medicine of a hospital in a nearby community to which patients are most commonly transported; and~~
- ~~(d) approves all protocols for use by emergency medical services personnel functioning in an EMT-defibrillation, EMT-intermediate, or advanced life support service.~~

Reason: New board rules define accountability and responsibility and do not have to be redefined in these rules.

- (31) ~~"Permit" means the sticker affixed to a ground ambulance or a certificate placed in an air or ground~~ ambulance indicating the ambulance vehicle has met the requirements of

these rules.

Reason: There is no sticker and this change reflects current practice.

- (32) ~~"Protocol" means a set of written, standardized guidelines for administering patient care, at an EMT-intermediate or advanced life support level, and approved by the department and by the off-line medical director.~~

"Statewide protocols" has the same meaning given in ARM 24.156.2701 (21).

Reason: This definition mirrors the language of the board rules.

- (33) "Provisional license" means an emergency medical service license which is granted by the department and is valid for a maximum of 90 days.
- (34) "Safety and extrication equipment kit" means the following equipment and supplies:
- (a) a total of 5 pounds of ABC fire extinguisher, except for an extinguisher in an air ambulance, which must meet FAA standards;
 - (b) one short immobilization device with patient securing materials;
 - (c) three rigid cervical collars of assorted sizes;
 - (d) one phillips screwdriver;
 - (e) one straight blade screwdriver;
 - (f) one spring loaded center punch;
 - (g) one crescent wrench;
 - (h) one pair pliers;
 - (i) one hacksaw and blade.

new: "Service Plan" means an ambulance services's or NTU's written description of how the service plans to provide response to their normal service area.

Reason: This sets forward a process for a service to describe the level of care (including endorsements) that they plan to provide, where they plan to provide care and, especially for approval to provide limited ALS care at less than 24/7, how they plan to best utilize their limited resources.

- (35) "Stipulations" mean those conditions specified by the department at the time of licensing which must be met by the applicant in order to be licensed as an emergency medical service.
- (36) "Supplemental training" means a training program for registered nurses utilized by an emergency medical service which:
- ~~(a) complements their existing education and results in knowledge and skill objectives comparable to the level of EMT training corresponding to the level and/or endorsements at which the service medical director authorizes. is licensed; and~~
 - ~~(b) is certified by the emergency medical service's medical director as having knowledge and skill objectives comparable to the level of EMT training corresponding to the level at which the service is licensed.~~
- ~~(37) "Surrogate" means a registered nurse, licensed in Montana, who:~~

- ~~—— (a) relays medical control orders consistent with the protocols established for a licensed EMT-intermediate life support service;~~
- ~~—— (b) is capable of demonstrating all of the skills required for the EMT-intermediate level;~~
- ~~—— (c) is approved by and is responsible to the off-line medical director.~~

Reason: No longer defined in board rules and therefore there is no specific authority for surrogate nurses.

(38) "Temporary permit" means a written authorization of limited duration indicating an ambulance vehicle may be used by a licensed ambulance service until a permit can be issued.

~~(39) "Temporary work permit" means a written authorization granted by the Montana board of medical examiners for a person who is eligible to take a Montana EMT certification exam to function as an EMT until the results of their examination are known.~~

Reason: No longer referenced in the Board rules.

- (40) "Transportation equipment kit" means the following equipment and supplies:
- (a) one suction unit, either portable or permanently installed, which operates either electrically or by engine vacuum and includes all necessary operating accessories;
 - (b) an oxygen supply administration system containing a minimum of 1000 liters of oxygen;
 - (c) one sterile disposable humidifier;
 - (d) one rigid pharyngeal suction tip;
 - (e) one long spinal immobilization device with patient securing materials;
 - (f) one lower extremity traction device;
 - (g) two lower extremity rigid splints;
 - (h) two upper extremity rigid splints;
 - (i) one ambulance cot with at least two restraining straps and, with the exception of an air ambulance litter, four wheels and the capability of elevating the head; and
 - (j) clean linen for the primary cot and for replacement.
- (41) "Type of service" means either an air ambulance fixed wing, air ambulance-rotor wing, ambulance-ground, or non-transporting medical unit.

~~(42) The department hereby adopts and incorporates by reference the U.S. department of transportation's Emergency Medical Technician: Basic National Standard Curriculum (1994), developed pursuant to contract number DTNH22-90-C-05189, which contains a national standard training program for EMT-basics. A copy of the curriculum may be obtained from the Department of Public Health and Human Services Health Policy Services Division, Emergency Medical Services and Injury Prevention Section, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951, telephone: (406)444-3895.~~

Reason: Initial EMT and refresher training and licensure are board issues and they can distribute curriculums as they see fit.

37.104.105 LICENSE TYPES AND LEVELS

- (1) A license will be issued for, and authorize performance of, emergency medical services of a specific type and at a specific basic or an advanced life support level.
- ~~(2) Each type of service may be licensed at any level.~~
- (2) An emergency medical service may be licensed at an advanced life support level only if they can reasonably provide such service 24 hours per day, 7 days per week.

Reason: Allows only a 24/7 service to be licensed at an ALS level. Other services with limited personnel will have to license at a BLS level and apply for authorization to provide ALS services when they have the personnel available.

37.104.106 LICENSE APPLICATION REQUIREMENTS

- (1) An application for a license to conduct an emergency medical service, including the renewal of a license, must be made on forms specified by the department, accompanied by the license fee, and, ~~with the exceptions noted in (b) and (c) below;~~ received by the department:
 - ~~(a) not less than 30 days prior to the commencement of a new emergency medical service or the expiration of the license, in the case of an application for renewal;~~
 - ~~(b) for licenses to commence January 1, 1990, by December 31, 1989; and~~
 - ~~(c) in the case of non-transporting medical units, rotor wing air ambulance services, and fixed wing air ambulance services existing on January 1, 1990, by March 30, 1990.~~
- (2) ~~Except for the period of January 1, 1990, to June 30, 1990,~~ Within 30 days from receipt of an emergency medical service license application or, if the department requests additional information about the application, within 30 days from receipt of that information, the department shall either:
 - (a) issue the license;
 - (b) issue the license with stipulations;
 - (c) issue a provisional license; or
 - (d) deny the license.
- (3) The department may deny an emergency medical services license if:
 - (a) the application does not provide all of the requested information; or
 - (b) there is evidence that the applicant is not complying with these rules.
- (4) ~~Except for the period of January 1, 1990, through June 30, 1990,~~ If the department does not take action on the application within 30 days after its receipt, the emergency medical services license must be issued unless the applicant is known to be in violation of these rules.
- (5) ~~Except for the year beginning January 1, 1990,~~ The department shall inspect each emergency medical service prior to issuing a license. If an inspection cannot be conducted, the department may issue a provisional license until an inspection can be completed.
- (6) To establish staggered terms of licensing:

- ~~(a) Every emergency medical service that submits a completed license application to the department before or during 1990 will be assigned a number in the chronological order its application is received by the department, an odd-numbered service will receive a license expiring December 31, 1990, and an even-numbered service will receive a license expiring December 31, 1991;~~
 - (b) When the department receives a completed license application for an emergency medical service after December 31, 1990, it will assign that service a number in the manner described in (a) above, an odd-numbered service will be issued a license expiring December 31 of the year in which it was issued, and an even-numbered service will be issued a license expiring December 31 of the year following the year in which it was issued.
 - (c) License renewals will be for 2-year periods, and will expire on December 31 of the 2nd year of the period.
- (7) No person may: (a) advertise the provision of an emergency medical service without first having obtained a license from the department; or (b) advertise, allow advertisement of, or otherwise imply provision of emergency medical services at a level of care higher than that for which the service is licensed.
 - (8) If an emergency medical service from another state identifies Montana as part of its service area, and if it regularly provides an initial emergency medical services response into Montana, the emergency medical service must obtain a Montana emergency medical services license as provided by these rules, unless the other state's licensing standards are essentially comparable to those of Montana, in which case the department may license these services through a reciprocal agreement with the other state.
 - (9) An emergency medical service responding into Montana to transfer patients from a Montana medical facility to a non-Montana medical facility is not required to obtain a Montana license if it is licensed in its state of origin.
 - (10) If a licensed emergency medical service is not reasonably available, the occasional and infrequent transportation by other means is not prohibited.
 - (11) In a major catastrophe or major emergency when licensed ambulances are insufficient to render services required, non-licensed emergency medical services may be used.

37.104.107 37.104.107 WAIVERS

- (1) A request for a waiver of any licensing requirement, pursuant to 50-6-325, MCA, must be submitted to the department on a form specified by the department.
- (2) An emergency medical service that is issued a waiver must notify the department of any change in the circumstances which originally justified the waiver.

37.104.115 APPEAL FROM ORDER

- (1) An order issued by the department may be appealed to the department if the person named in the order submits a written request for a hearing before the department.

- (2) In order for the hearing request to be effective, the written request must be received by the department within 30 calendar days after the date a notice of violation and order is served upon the person requesting the hearing.

37.104.120 ADVISORY COMMITTEE

- (1) An advisory committee will consist of a physician appointed by the department and one representative of each type and level of service licensed, selected from a group of individuals who have expressed an interest in serving on the committee and who have completed and returned the forms specified by the department, with adequate consideration to demographics and geographics.
- (2) Members of the committee shall serve 2 or 3 year terms with the initial terms of membership randomly assigned.
- (3) The committee may conduct its business by a meeting or, when appropriate, by a telephone conference call.

Subchapter 2 Licensing of Ambulance Service

37.104.201 COMMUNICATIONS

- (1) ~~A ground ambulance must have a VHF mobile radio, and an air ambulance have a VHF portable radio with a minimum of frequency 155.280 mHz.~~
- (2) ~~Effective January 1, 1996:~~
 - (a) A ground ambulance must have a VHF mobile radio, and an air ambulance must have a VHF portable radio, each with a minimum of the following:
 - (i) dual tone multi-frequency encoder;
 - (ii) frequency 155.280 mHz;
 - (iii) frequency 155.340 mHz;
 - (iv) frequency 155.325 mHz;
 - (v) frequency 155.385 mHz; and
 - (vi) frequency 153.905 mHz.
 - (b) A non-transporting unit must have the capability of providing at least one radio at every emergency medical scene with a minimum of the following:
 - (i) frequency 155.280 mHz;
 - (ii) frequency 155.340 mHz; and
 - (iii) frequency 153.905 mHz.
- (4) An emergency medical service must have current legal authorization to use each of the frequencies required above.

37.104.202 SAFETY: GENERAL REQUIREMENTS

- (1) All ambulance vehicles and all emergency medical services equipment must be

maintained in a safe and operating condition.

- (2) Each emergency medical service must establish written policies and procedures for, and maintain written documentation of, the preventive maintenance of ambulances and emergency medical equipment.
- (3) All oxygen cylinders must be secured so that they will not roll, tip over, or become projectiles in the event of a sudden vehicular maneuver.
- (4) Emergency medical services personnel must be alert and capable during an emergency response.

37.104.203 EQUIPMENT

- (1) A basic equipment kit must be in each ground ambulance and available to each non-transporting unit and air ambulance on every call.
- (2) When table I below shows that a transportation equipment kit or safety and extrication kit is required, it must be physically in each ground ambulance at all times and available to each air ambulance on every call.
- (3) ~~Neither an EMT-D defibrillation kit, an EMT-intermediate kit, nor An advanced life support kit does not~~ need to be permanently stored on or in an ambulance or non-transporting unit, but may be kept separately in a modular, pre-packaged form, so long as it is available for rapid loading and easy access at the time of an emergency response.

Reason: The defibrillation and intermediate kits have been incorporated into the definition of an advanced life support kit.

- (4) ~~If table I below shows that an EMT-intermediate kit or an advanced life support kit is required, but the off-line medical director notifies the department in writing that an item of equipment or supplies in the relevant kit will not be used in the emergency medical service, that item will not be required for licensure and the service may not use that item when providing emergency care.~~

Reason: The new definition of an advanced life support kit allows the service medical director to define and regulate what equipment and supplies will be available to the service and EMTs.

- (5) Table I below shows the equipment kit which is required for licensure at each of the various types and levels of emergency medical services:

[basic=basic equipment kit; transport=transportation equipment kit; safety=safety and extrication kit; EMT-D=EMT-D defibrillation kit; EMT-I=EMT-intermediate kit; ALS=advance life support kit]

TABLE I

Equipment kit

	Basic	Transport	Safety	EMT-D	EMT-I	ALS
Non-transport-basic	X					
Non-transport-defib	✕			✕		
Non-transport-interm.	✕				✕	
Non-transport-ALS	X					X
Ambulance-basic	X	X	X			
Ambulance-defib	✕	✕	✕	✕		
Ambulance-intermed	X	X	X		✕	
Ambulance-ALS	X	X	X			X
Air (rotor)-basic	X	X	X			
Air (rotor)-defib	✕	✕	✕	✕		
Air (rotor)-interm.	X	X	X		✕	
Air (rotor)-ALS	X	X	X			X
Air (fixed)-basic	X	X				
Air (fixed)-defib	✕	✕		✕		
Air (fixed)-interm.	X	X			✕	
Air (fixed)-ALS	X	X				X

37.104.208 SANITATION

- (1) Each emergency medical service must develop and adhere to a written service sanitation policy that includes at least a method to dispose of contaminated materials meeting the minimum requirements set out in (2) below, as well as the following standards:
 - (a) Products for cleaning shall contain a recognized, effective germicidal agent;
 - (b) Disposable equipment must be disposed of after its use;
 - (c) Any equipment that has come in contact with body fluids or secretions must be cleaned with a recognized germicidal/viricidal product;
 - (d) Linen must be changed after every use;
 - (e) Oxygen humidifiers must be single service and disposable; and
 - (f) Needles must not be recapped, bent, or broken, and must be disposed of in a container that provides protection to personnel from a needle puncture.
- (2) Each emergency medical service must do at least the following in disposing of infective waste:
 - ~~(a) Either incinerate the waste or decontaminate it before disposing of it in a sanitary~~

~~landfill licensed for that class of waste by the department;~~

- ~~(b) Place sharp items in puncture-proof containers and other blood-contaminated items in leak-proof plastic bags for transport to a landfill licensed by the department for that class of waste.~~

(new) (a) Each service shall store, transport off the premises, and dispose of infectious wastes, as defined in 75-10-1003, MCA, in accordance with the requirements set forth in 75-10-1005, MCA.

(new) (b) Used sharps shall be properly packaged and labeled within the meaning of 75-10-1005, MCA, as required by the occupational safety and health administration (OSHA). If OSHA has no such requirements, the service shall place used sharps in a heavy, leak proof, puncture-resistant container and secure the lid with reinforced strapping tape. The container shall bear the words, "used medical sharps" on a distinctive label taped or securely glued on the container.

Reason: This change mirrors the board definition.

- (3) The interior of an ambulance, including all storage areas, must be kept clean and free from dirt, grease and other offensive matter.

37.104.212 RECORDS AND REPORTS

- (1) Each emergency medical service must maintain a trip report for every run in which patient care was offered or provided, which contains at least the following information:
- (a) identification of the emergency medical services provider;
 - (b) date of the call;
 - (c) patient's name and address;
 - (d) type of run;
 - (e) identification of all emergency medical services providers, riders, trainees, or service personnel officially responding to the call;
 - (f) the time:
 - (i) the dispatcher was notified;
 - (ii) the emergency medical service was notified;
 - (iii) the emergency medical service was enroute;
 - (iv) of arrival on the scene;
 - (v) the service departed the scene or turned over the patient to an ambulance service;
 - (vi) of arrival at receiving hospital, if applicable;
 - (g) history of the patient's illness or injury, including the findings of the physical examination;
 - (h) treatment provided or offered by the emergency medical services personnel, including, when appropriate, a record of all medication administered, the dose, and the time administered;
 - (i) record of the patient's vital signs, including the time taken, if applicable;
 - (j) utilization of on-line medical control, if applicable;
 - (k) destination of the patient, if applicable.
- (2) Trip reports may be reviewed by the department.

- (3) Copies of trip reports must be maintained by the service for a minimum of 7 years.
- (4) Each emergency medical service must provide the department with a quarterly report, on a form provided by the department, that specifies the number and types of runs occurring during the quarter, the type of emergency, and the average response times.
- (5) ~~In addition to the requirements in (1)(a) through (i) above, any type of service functioning at the EMT-defibrillation level or the EMT-intermediate level must assure that their medical director reviews every run necessitating use of a defibrillator.~~

Reason: Not necessary and falls broadly under the service medical director responsibilities.

- (6) As soon possible, but no later than 48 hours after the end of a patient transport as practicable, an ambulance service must provide a copy of the trip report to the hospital that receives the patient.

Reason: This better defines the requirement to provide a trip report to the hospital and defines a time frame as to when that must be done.

37.104.213 PERSONNEL REQUIREMENTS: GENERAL

- (1) Each emergency medical service must meet the following personnel standards:
 - (a) All personnel functioning on the emergency medical service must have current certificates, licenses, proof of training or evidence of legal authorization to function, ~~or a temporary work permit for a given level of certification or licensure~~;
 - (b) All emergency medical personnel must provide care which conforms to the general standard of care expected of persons who are comparably trained, certified, or licensed;
 - (c) Emergency medical services personnel may use only that equipment and perform those skills for which they are trained, certified, or licensed and legally permitted to use;
 - (d) ~~Advanced first aid and emergency care personnel may use oxygen and suction but not pneumatic anti-shock trousers;~~

Reason: There is no such level such as advanced first aid and these skills are handled under the board's EMT levels and endorsements.

- (new) (d) When functioning under the conditions defined in ARM 24.156.2771 (4), a licensed service may use EMTs licensed in another state to provide basic life support.

Reason: Probably covered under (a) above but makes it clear that out-of-state EMTs can work on services during these state or federally managed incidents.

- (e) With the exception of a physician or the circumstances described in ARM 37.104.335(3), no attempt may be made by personnel to provide a level of care higher than the level and type for which the emergency medical service is licensed and authorized, even though individual members of the emergency medical services may have a higher level of certification or authorization; and

(new) An EMT licensed or endorsed beyond the EMT-B level may perform acts allowed under the EMT's licensure level or endorsement level only when authorized under the service license.

Reason: Allows EMTs with endorsements to function at a higher level on a BLS service as long as the service has authorization for the ALS skills.

(new) EMTs on licensed services may carry and administer auto-injectors as provided for in ARM 24.156.2771 (5).

Reason: This section mirrors a new board rule and supports that level of care no matter at what level a service is licensed or authorized at.

(f) The emergency medical service is not operated in a manner which presents a risk to, threatens, or endangers the public health, safety, or welfare.

(2) With the exception of a physician or the circumstances described in ARM 37.104.335(3), an individual with a level of certification higher than the level of service license may function only to the level of the service license and authorization.

Reason: BLS services which are not 24/7 ALS will be licensed at a BLS level, but authorized at a higher level.

~~(3) — An EMT-defibrillation equivalent may perform under a defibrillation protocol only if acting under the authority of a licensed EMT-defibrillation life support, EMT-intermediate life support, or advanced life support service.~~

Reason: The new board rules do not define the defibrillation protocols separately than the approved statewide protocols.

(4) All ambulances must have at least one of the required personnel attending the patient, and, when providing care at an ~~EMT-defibrillation, EMT-intermediate, or advanced life support level~~, the person certified at the corresponding level must attend the patient.

37.104.218 MEDICAL CONTROL: GENERAL

(1) Each emergency medical service at the ~~EMT-defibrillation, EMT-intermediate, or advanced life support level~~ shall have:

- (a) ~~a off-line medical director~~ a service medical director;
- (b) ~~a written plan, approved by the department, for on-line medical control~~;
- (c) ~~protocols consistent with the level of service and approved by the department; and~~
- (d) ~~written procedures for the security and replacement of all medications.~~

Reason: Service medical director's responsibilities are defined in that definition.

(2) ~~Each emergency medical service must supply each hospital to which it commonly transports patients with copies of all protocols that it adopts.~~

37.104.219 MEDICAL CONTROL: EMT-DEFIBRILLATION

- (1) ~~An emergency medical service licensed for defibrillation must follow the defibrillation protocol.~~
- (2) ~~The medical director shall:~~
- ~~(a) review every EMT-defibrillation run as soon as possible;~~
 - ~~(b) assure that the hospital medical staff(s) most often receiving patients from the emergency medical service are aware of the EMT-defibrillation service and protocols.~~

37.104.220 MEDICAL CONTROL: EMT-INTERMEDIATE AND ADVANCED LIFE SUPPORT

- (1) ~~An EMT-intermediate life support service must have either:~~
- ~~(a) a two-way communications system, approved by the department, between the EMT-intermediate service personnel and an a 24-hour physician-staffed emergency department; or~~
 - ~~(b) if two-way communications from the field cannot be established with a 24-hour physician-staffed emergency department, on-line medical control direction of the EMT-intermediate service personnel through a department-approved communications system with either:~~
 - ~~(i) a surrogate functioning from a hospital emergency department, or~~
 - ~~(ii) a physician approved by the off-line medical director on-line medical director.~~

Reason: EMT-I requirements are delineated under advanced life support paragraphs.

- (2) ~~An emergency medical service licensed at an EMT-intermediate life support level must follow the defibrillation protocol whenever defibrillation services are called for.~~

37.104.221 MEDICAL CONTROL ONLINE MEDICAL DIRECTION: ADVANCED LIFE SUPPORT

- (1) A service which provides advanced life support service must have either:
- (a) a two-way communications system, approved by the department, between the advanced life support service personnel and a 24-hour physician-staffed emergency department or with a physician approved by the service medical director;
 - (b) ~~if two-way communications from the field cannot be established with a 24-hour physician-staffed emergency department, medical control online medical direction of the advanced life support personnel through an approved communications system with either:~~
 - ~~(i) a hospital emergency department (physician only); or~~
 - ~~(ii) a physician approved by the service medical director.~~

Reason: Combines the intermediate and advanced life support paragraphs and better defines that this is pertaining to online medical direction.

- (b) a service which provides only endorsement levels EMT-B 1 and/or EMT-B 2 as provided for in ARM 24.156.2751 is not required to have online medical direction.

Reason: Provides an exception to EMTs and services that are only providing double lumen

tube and/or pulse ox monitoring.

Subchapter 3

Specific Ambulance Licensure Requirements

37.104.301 AMBULANCE

- (1) No ambulance may be utilized by an emergency medical service until the department has inspected the ambulance; found it is, at the time of inspection, in compliance with these rules; and issued a permit to the emergency medical service for the ambulance. The department may issue a temporary permit, by mail or otherwise, until an inspection can be completed.
- (2) The ambulance permit must be displayed either on or in the ambulance as the department directs.
- (3) The department may revoke the ambulance permit at any time if the vehicle is no longer in compliance with these rules.
- (4) The decision to deny or revoke an ambulance permit may be appealed to the department if the emergency medical service submits a written request for an informal reconsideration to the department within 30 days after the service receives written notice of the decision to revoke or deny the permit.
 - (a) If a timely request for an informal reconsideration is received, the reconsideration will be conducted within 30 days following the receipt of the request. Such informal reconsideration shall be conducted in accordance with the procedures specified for informal reconsideration in ARM 37.5.311, and is not subject to the contested case provisions of the Montana Administrative Procedure Act, Title 2, chapter 4, MCA or, except as provided in this rule, the provisions of ARM 37.5.304, 37.5.305, 37.5.307, 37.5.310, 37.5.311, 37.5.313, 37.5.316, 37.5.318, 37.5.322, 37.5.325, 37.5.328, 37.5.331, 37.5.334 and 37.5.337.
- (5) The decision of the department after an informal reconsideration conducted pursuant to this rule is a final agency decision.

37.104.305 AMBULANCE SPECIFICATIONS: GENERAL

- (1) A new ambulance, except one that was in service in Montana in a licensed ambulance service on or before January 1, 1990, must have the following:
 - (a) a patient envelope, available at all times for the primary patient, above the upper torso and head and providing a minimum rectangle of space above the stretcher that is free of all projections and encumbrances, with an allowance for the curvature of the fuselage of an aircraft and the following dimensions:
 - (i) 18 inches wide;
 - (ii) 28 inches high;
 - (iii) 30 inches long;
 - (b) additional contiguous space above the lower extremities which provides a minimum rectangle of space above the stretcher with the following dimensions:
 - (i) 18 inches wide;
 - (ii) 18 inches high;

- (iii) 42 inches long;
 - (c) space available for the attendant above the stretcher, free of all projections and encumbrances, with the following dimensions:
 - (i) 14 inches wide;
 - (ii) 18 inches long;
 - (iii) 28 inches above the patient cot;
 - (d) attendant space available at the head or either side of the patient envelope;
 - (e) a patient compartment isolated throughout the medical mission so that:
 - (i) the medically related activities do not interfere with the safe operation of the ambulance;
 - (ii) the vehicle controls and radios are physically protected from any intended or accidental interference by the secured patient; and
 - (iii) the driver or pilot's out-of-ambulance vision is protected from the reflections of cabin lighting by a blackout curtain, a permanently installed partition, or lighting in blue or red, none of which may interfere with the safe operation of the ambulance.
- (2) All ambulances must be equipped with:
- (a) seat belts for the driver, attendants, and seated patients; and safety belts to secure the patient to the cot;
 - (b) a mechanism of securing the cot;
 - (c) interior lighting in the patient compartment sufficient to allow visual determination of the patient's condition and vital signs.

37.104.306 AMBULANCE SPECIFICATIONS: GROUND AMBULANCES

- (1) ~~By January 1, 1993,~~ All ground ambulances must have the following markings and emblems:
 - (a) The word "ambulance" must be affixed in mirror image in reflectorized lettering, centered above the grill on the front of the vehicle;
 - (b) The word "ambulance" must be affixed to the rear of the vehicle in reflectorized lettering.
- (2) The required markings may not appear on non-licensed ambulances, with the exception of those ambulances temporarily in transit within the state.
- (3) An ambulance must be equipped with operational emergency lighting and siren.
- (4) All new ambulances, except those in service in Montana on or before January 1, 1990, must be equipped with audible backup warning devices.

37.104.307 AMBULANCE SPECIFICATIONS: AIR AMBULANCE

- (1) A rotor wing air ambulance must be fitted with an FAA-approved, externally mounted, searchlight of at least 300,000 candle power, capable of being controlled by the pilot without removing his hands from the flight controls, with a minimum motion of 90 degrees vertical and 180 degrees horizontal.

- (2) The stretcher for the air ambulance must be secured by an FAA-approved method and must meet FAA static test load factors as specified in 14 CFR 43.13(b).
- (3) The entrance in an ambulance for patient loading must be constructed so that under normal circumstances the stretcher does not require excessive tilting or rotation around the pitch or roll axis.
- (4) The department hereby adopts and incorporates by reference 14 CFR 43.13(b), containing federal standards for air ambulance stretchers. A copy of 14 CFR 43.13(b) may be obtained from ~~the Department of Public Health and Human Services, Health Policy Services Division, Emergency Medical Services and Injury Prevention Section, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951; or from the Federal Aviation Administration, Helena, MT 59601, telephone: (406) 449-5290.~~

37.104.311 SAFETY: GROUND AMBULANCE SERVICES

- (1) An emergency medical service except those using diesel powered ambulances must take measures to assure that the carbon monoxide level in a ground ambulance does not exceed 10 parts per million accumulation at the head of the patient stretcher, including the following:
 - (a) continuously maintaining in the patient compartment a disposable carbon monoxide detector, approved by the department, which is capable of immediately detecting a dangerous rise in the carbon monoxide level; or
 - (b) continuously maintain an electronic carbon monoxide monitor.
- (2) Services which use disposable carbon monoxide detectors shall also:
 - (b) write on the detector the date of its placement, and replace the detector prior to the expiration date;
 - (c) keeping replaced detectors for a period of 3 years.

Reason: The changes reflect the introduction of electronic carbon monoxide detectors and diesel engines into ambulances since these rules were first adopted.

- (2) Windshields must be free from all cracks within the windshield wiper coverage area.
- (3) Tires must have at least 4/32 inch of tread depth, measured at two points not less than 15 inches apart in any major tread groove at or near the center of the tire.
- (4) No one may smoke in a ground ambulance.

37.104.312 SAFETY: AIR AMBULANCE

- (1) Each stretcher support must have, as a minimum, FAA-approved provisions for securing a 95th percentile adult American male patient, consisting of individual restraints across the chest and legs, and, with the exception of rotor-wing ambulances, a shoulder harness that meets FAA technical service order standards.
- (2) In rotor-wing ambulances, high pressure containers and lines for medical gases may not be positioned in the scatter zone of the engine turbine wheels, unless adequate

protection is provided to prevent penetration by turbine blade and wheel parts.

- (3) Survival gear applicable to the needs of the area of operation and the number of occupants, must be carried on board and appropriately maintained.
- (4) Any modifications to the interior of an aircraft to accommodate medical equipment must have FAA approval and be maintained to FAA standards.
- (5) No one may smoke in an air ambulance.
- (6) An emergency medical service must take measures to assure that the carbon monoxide level does not exceed 10 parts per million accumulation at the head of the patient stretcher or in the pilot's compartment, including the following:
 - (a) continuously maintaining, in the patient compartment and in the pilot's compartment, disposable or electronic carbon monoxide detectors, approved by the department, which are capable of immediately detecting a dangerous rise in the carbon monoxide level;
 - (b) writing on each of the disposable detectors the date of its placement, and replacing it prior to the expiration date;
 - (c) keeping replaced disposable detectors for a period of 3 years after the date of the replacement.

37.104.316 PERSONNEL: BASIC LIFE SUPPORT GROUND AMBULANCE SERVICE

- (1) ~~From January 1, 1990, through December 31, 1995, a basic life support ground ambulance service must ensure that at least two of the following individuals are on each call:~~
 - ~~_____ (a) grandfathered advanced first aid;~~
 - ~~_____ (b) first responder-ambulance;~~
 - ~~_____ (c) EMT-basic equivalent; or~~
 - ~~_____ (d) physician.~~
- (2) ~~After January 1, 1996, A basic life support ground ambulance service must ensure that at least two of the following individuals are on a call on board the ambulance when the patient is loaded or transported, with the provision that having only two first responders-ambulance on a call is not allowed:~~
 - (a) grandfathered advanced first aid;
 - (b) first responder-ambulance;
 - (c) EMT-basic equivalent; or
 - (d) physician.
- (2) A basic life support ambulance service may authorized to provide on some calls, based on personnel availability, a higher level of care than that for which it is licensed.
- (3) In order for a basic service to be authorized at a higher level of service, it must:
 - _____ (a) apply on forms provided by the department,
 - _____ (b) have an approved service medical director.

Reason: Allows BLS services with limited ALS personnel to provide advanced life support when personnel are available.

37.104.317 PERSONNEL: EMT-DEFIBRILLATION GROUND AMBULANCE SERVICE

- ~~(1) An EMT-defibrillation ground ambulance service must:~~
 - ~~(a) meet the personnel requirements of a basic life support ground ambulance service contained in ARM 37.104.316; and~~
 - ~~(b) when responding at the EMT-defibrillation level, ensure that one of the required personnel is an EMT-defibrillation equivalent.~~

37.104.318 PERSONNEL: EMT-INTERMEDIATE GROUND AMBULANCE SERVICE

- ~~(1) An EMT-intermediate ground ambulance service must:~~
 - ~~(a) meet the personnel requirements of a basic life support ground ambulance service contained in ARM 37.104.316; and~~
 - ~~(b) when responding at the EMT-intermediate level, ensure that one of the required personnel is an EMT-intermediate equivalent.~~

37.104.319 PERSONNEL: ADVANCED LIFE SUPPORT GROUND AMBULANCE SERVICE

- (1) An advanced life support ground ambulance service must:
 - (a) meet the personnel requirements of a basic life support ground ambulance service contained in ARM 37.104.316; and
 - (b) when responding at transporting a patient at the advanced life support level, ensure that one of the required personnel is an EMT-paramedic equivalent.

37.104.325 PERSONNEL: AIR AMBULANCE, GENERAL

- (1) All air ambulance personnel who are added to the roster of the service after January 1, 1993, must be certified by their local medical director as having completed the knowledge and skill objectives of an aeromedical training program approved by the department, with the exception that a new employee may function as an air ambulance attendant for a maximum of 1 year without this aeromedical training.
- (2) During inter-facility transfers by air ambulance, the service medical director may specify the level of training personnel in attendance must have in order to match the medical needs of the patient, with the proviso that (1) above must still be complied with.

37.104.326 PERSONNEL: BASIC LIFE SUPPORT AIR AMBULANCE SERVICE

- (1) A basic life support air ambulance must meet the personnel requirements of a basic life support ground ambulance contained in ARM 37.104.316, with the exception that only one person is required in addition to the pilot.

37.104.327 PERSONNEL: EMT-DEFIBRILLATION LIFE SUPPORT AIR AMBULANCE SERVICE

~~(1) In addition to the pilot, one EMT-defibrillation equivalent is required.~~

37.104.328 PERSONNEL: EMT-INTERMEDIATE LIFE SUPPORT AIR AMBULANCE SERVICE

~~(1) In addition to the pilot, one EMT-intermediate equivalent is required.~~

37.104.329 PERSONNEL: ADVANCED LIFE SUPPORT AIR AMBULANCE SERVICE

(1) In addition to the pilot, one ~~EMT-paramedic equivalent~~ advanced life support EMT is required.

37.104.335 OTHER REQUIREMENTS: AMBULANCE SERVICES

- (1) If an ambulance service publicly advertises a telephone number to receive calls for emergency assistance, that telephone number must be answered 24 hours a day, 7 days per week.
- (2) An ambulance service may transport patients who are receiving care at a higher level than the level for which the service is licensed if:
 - (a) The higher level of care is initiated by a licensed emergency medical service authorized to perform that level of care; and
 - (b) The personnel and the equipment of the emergency medical services licensed at the higher level accompany the patient in the ambulance.
- (3) An ambulance service may perform inter-facility (including between a physician's office and hospital) transfers at a higher level of care than the level to which the service is licensed if personnel trained and legally authorized to provide the higher level of care, as well as appropriate equipment, accompany the patient in the ambulance to assure continuity of patient care.
- (4) Ambulance services may use only those vehicles which have received either a permit or a temporary permit from the department.

37.104.336 OTHER REQUIREMENTS: AIR AMBULANCE SERVICE

- (1) An air ambulance service must be licensed under current 14 CFR Part 135 of the FAA rules.
- (2) The department hereby adopts and incorporates by reference 14 CFR Part 135, which sets forth federal licensure requirements for air ambulance services. A copy of 14 CFR Part 135 may be obtained from the ~~Department of Health and Human Services, Health Policy Services Division, Emergency Medical Services and Injury Prevention Section, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951; or from the Federal Aviation Administration, Helena, MT 59601, telephone: (406) 449-5290.~~

**Subchapter 4
Specific Non-Transporting Services License Requirements**

37.104.401 PERSONNEL: BASIC LIFE SUPPORT NON-TRANSPORTING UNIT

- (1) ~~From January 1, 1990 on~~, at least one of the following individuals must be on each call:
- (a) grandfathered advanced first aid;
 - (b) ~~first responder~~ EMT - First Responder;
 - (c) EMT-basic equivalent; or
 - (d) physician.

37.104.402 PERSONNEL: EMT-DEFIBRILLATION LIFE SUPPORT NON-TRANSPORTING UNIT

- (1) ~~An EMT-defibrillation life support non-transporting unit must:~~
- ~~(a) meet the personnel requirements of a basic life support~~
 - ~~(b) when non-transporting unit contained in ARM 37.104.401; and responding at the EMT-defibrillation level, ensure that at least one emergency medical technician defibrillation equivalent is on the call.~~

37.104.403 PERSONNEL: EMT-INTERMEDIATE LIFE SUPPORT NON-TRANSPORTING UNIT

- (1) ~~An EMT-intermediate life support non-transporting unit must:~~
- ~~(a) meet the personnel requirements of a basic life support non-transporting unit contained in ARM 37.104.401; and~~
 - ~~(b) when responding at the EMT-intermediate level, ensure that at least one EMT-intermediate equivalent is on the call.~~

37.104.404 PERSONNEL: ADVANCED LIFE SUPPORT NON-TRANSPORTING UNIT

- (1) An advanced life support non-transporting unit must:
- (a) meet the personnel requirements of a basic life support non-transporting unit contained in ARM 37.104.401; and
 - (b) when responding at the advanced life support level, ensure that at least one ~~EMT-paramedic equivalent~~ advanced level EMT is on the call.

37.104.410 OTHER REQUIREMENTS: NON-TRANSPORTING SERVICES

- (1) A non-transporting unit must:
- (a) Assure that patients are not transported by a non-licensed ambulance service, unless a licensed service is not reasonably available;
 - (b) Assure either that the patient is always transported by an ambulance service licensed to provide at least the same level of patient care commenced by the non-transporting service or that the ambulance service carries the personnel and equipment of the non-transporting service with the patient to the hospital if a level of care has commenced which the ambulance service cannot legally continue;
 - (c) Have a written dispatch policy and procedure coordinated with a licensed ambulance service.

Subchapter 6

Automated External Defibrillators (AED)

37.104.601 DEFINITIONS The following definitions apply to this chapter, in addition to the definitions contained in 50-6-501, MCA:

- (1) "Automated external defibrillators (AED) training program" means a course of instruction approved by the department which provides the initial education in the use of the AED and which has requirements for continued assurance of the competency of individuals in using an AED.
- (2) "CPR" means cardiopulmonary resuscitation.

37.104.604 WRITTEN PLAN

- (1) An entity wishing to use or allow the use of an AED shall develop, update as changes are made, and adhere to a written plan that:
 - (a) for a stationary location specifies the physical address where the AED will be located;
 - (b) for a mobile location specifies the geographic area in which the AED will be used and specifies how the AED will be transported to the scene of a cardiac arrest;
 - (c) includes the names of the individuals currently authorized to use the AED;
 - (d) describes how the AED use will be coordinated with each licensed emergency medical service providing coverage in the area where the AED is located, including how emergency medical services will be activated every time that an AED is attached to a patient;
 - (e) specifies the name, telephone number(s) and address of the Montana licensed physician who will be providing medical supervision to the AED program and how the physician, or the physician's designee, will supervise the AED program;
 - (f) specifies the name, telephone number(s) and address of the physician's designee, if any, who will assist the physician in supervising the AED program;
 - (g) specifies the maintenance procedures for the AED, including how it will be maintained, tested and operated according to the manufacturer's guidelines;
 - (h) requires that written records of all maintenance and testing performed on the AED be kept;
 - (i) describes the records that will be maintained by the program; and
 - (j) describes how the required reports of AED use will be made to the physician supervising the AED program, or their designee, and to the department.

37.104.605 WRITTEN NOTICE

- (1) Prior to allowing any use of an AED, an entity must provide the following, in addition to a copy of the plan required by ARM 37.104.604, to each licensed emergency medical service and public safety answering point or emergency dispatch center in the area where the AED is located:
 - (a) a written notice, on a form provided by the department, that includes the following information:
 - (i) the name of the entity that is establishing the AED program;
 - (ii) the business address and telephone number, including physical location, of

- the entity;
- (iii) the name, telephone number and address of the individual who is responsible for the onsite management of the AED program;
- (iv) the starting date of the AED program; and
- (v) where the AED is physically located.

37.104.606 REPORTS

- (1) Every time an AED is attached to a patient, its use must be reported to the supervising physician or the physician's designee and the report must include the information required by the supervising physician.
- (2) Every time an AED is attached to a patient, the supervising physician or their designee shall provide to the department, on a form provided by the department, the following information:
 - (a) the name of the entity responsible for the AED;
 - (b) the name, address and telephone number of the supervising physician;
 - (c) the date of the call;
 - (d) the age of the patient;
 - (e) the gender of the patient;
 - (f) location of the cardiac arrest;
 - (g) estimated time of the cardiac arrest;
 - (h) whether or not CPR was initiated prior to the application of the AED;
 - (i) whether or not the cardiac arrest was witnessed;
 - (j) the time the first shock was delivered to the patient;
 - (k) the total number of shocks and joules delivered;
 - (l) whether or not there was a pulse after the shocks and whether or not the pulse was sustained; and
 - (m) whether or not the patient was transported, and if so, the name of the transporting agency and the location to which the patient was transported.

37.104.610 TRAINING

- (1) In order to be authorized by an AED program plan to use an AED, an individual must:
 - (a) have current training in adult cardiopulmonary resuscitation that meets the standards of the American heart association and must renew this training at intervals not to exceed 2 years;
 - (b) complete one of the approved AED training programs listed in (2) below and renew the training at intervals not to exceed 2 years.
- (2) AED training programs developed by the following organizations are approved by the department:
 - (a) American heart association;
 - (b) American national red cross;
 - (c) national safety council;
 - (d) EMP international, inc.

37.104.615 MEDICAL PROTOCOL

- (1) A medical protocol for defibrillation use must be consistent with the energy requirements for defibrillation set out on pages 2211 through 2212 of "Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiac Care, Recommendations of the 1992 National Conference" published in the Journal of the American Medical Association on October 28, 1992, Volume 268, Number 16, or with the 1998 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiac Care.
- (2) The department hereby adopts and incorporates by reference the energy requirements for defibrillation referred to in (1), which set standards for proper defibrillation. A copy of the documents referred to in (1) above may be obtained from the Department of Public Health and Human Services, Health and Human Services Division, Emergency Medical Services and ~~Injury Prevention~~ Trauma Systems Section, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951.

37.104.616 PERFORMANCE REQUIREMENTS OF DEFIBRILLATORS

- (1) An AED used by an AED program must be unit approved by Federal Drug Administration, U.S. Department of Health and Human Services ~~capable of:~~
 - ~~(a) delivering a shock of a waveform that is either:~~
 - ~~(i) damped sinusoidal; or~~
 - ~~(ii) biphasic truncated exponential.~~
 - ~~(b) delivering the shocks required by the AED program's authorized medical protocol; and~~
 - ~~(c) operating satisfactorily in the environment in which it is intended to function.~~

Reason: The technology has changed since the original rules and may continue to change. This change in the rules allows for new units which utilize new technology.

Subchapter 8 Notification of Exposure to Infectious Disease

37.104.801 TRANSMITTABLE INFECTIOUS DISEASES

- (1) The following infectious diseases are designated as having the potential of being transmitted to emergency services providers through an exposure described in ARM 37.104.804:
 - (a) human immunodeficiency virus infection (AIDS or HIV infection);
 - (b) hepatitis B;
 - (c) hepatitis C;
 - (d) hepatitis D;
 - (e) communicable pulmonary tuberculosis;
 - (f) meningococcal meningitis; and
 - (g) any disease attributed to a specific bacterial, parasitic, or other agent recognized by "The Control of Communicable Diseases Manual" as transmittable person to person by any of the exposures listed in ARM 37.104.804.
- (2) For purposes of the reporting requirements of 50-16-702(2), MCA, communicable pulmonary tuberculosis and meningococcal meningitis are considered airborne

infectious diseases.

- (3) For the purpose of (1)(g) above, the department hereby adopts and incorporates by reference the "The Control of Communicable Diseases Manual" published by American public health association, 16th edition, 1995, which contains a list of transmission and control measures for communicable diseases. A copy of the manual may be obtained from the American Public Health Association, 1015 15th Street NW, Washington, DC 20005.

37.104.804 REPORTABLE EXPOSURE

- (1) The types of exposures that a designated officer shall report to a health care facility upon the request of an emergency services provider are:
 - (a) any person to person contact in which a co-mingling of respiratory secretion (saliva and sputum) of the patient and the emergency services provider may have taken place;
 - (b) transmittal of the blood or bloody body fluids of the patient onto the mucous membranes of the emergency services provider (mouth, nose, eyes) and/or into breaks in the skin of the emergency services provider;
 - (c) transmittal of other body fluids (semen, vaginal secretion, amniotic fluid, feces, wound drainage, or cerebral spinal fluid) onto the mucous membranes of the emergency services provider;
 - (d) any non-barrier protected contact of the emergency services provider with the mucous membranes or non-intact skin of the patient.

37.104.805 EXPOSURE FORM

- (1) A report of exposure must be filed with the health care facility by the designated officer on a form developed and approved by the department, entitled "Report of Exposure".
- (2) The report form will require the following, at a minimum:
 - (a) name, address, and phone number(s) of the emergency services provider who sustained an exposure;
 - (b) date and time of the exposure;
 - (c) a narrative description of the type of exposure that occurred, a detailed description of how the exposure took place, and a description of any precautions taken;
 - (d) the name and, if available, the date of birth of the patient;
 - (e) the name of the health care facility receiving the patient and the health care facility's infectious disease control officer;
 - (f) the name of the emergency services organization with which the health care provider was officially responding;
 - (g) the names and phone numbers of the designated officer and the alternate;
 - (h) the address of the designated officer to which the written notification required by 50-16-702(2)(c), MCA, is to be sent; and
 - (i) the signature of the designated officer filing the report.
- (3) A copy of the required form is available from the Department of Public Health and Human Services, Health Policy and Services Division, Emergency Medical Services and Injury Prevention Trauma Systems Section, 1400 Broadway, P.O. Box 202951,

Helena, MT 59620-2951, telephone: (406)444-3895.

- (4) An emergency service provider should, but is not required to, notify his/her designated officer within 72 hours after the exposure if s/he wishes a report of exposure to be filed.
- (5) It is the department's interpretation that the information that 50-16-702(c), MCA, requires a health care facility to provide to a designated officer in response to the filing with the facility of a report of exposure is limited to information related to the health care facility stay directly resulting from the incident that generated the exposure, and not to any subsequent emergency transport to that facility involving the same patient and the same emergency medical service. This interpretation is advisory only and not binding upon anyone.

37.104.810 RECOMMENDED MEDICAL PRECAUTIONS AND TREATMENT

- (1) At a minimum, a health care facility that notifies the designated officer of the emergency services provider who attended a patient prior to or during transport or who transported a patient who has been diagnosed as having one of the infectious diseases listed in ARM37.104.801 must recommend that the exposed emergency services provider take the medical precautions and treatment:
 - (a) specified in "The Control of Communicable Diseases Manual" published by the American public health association, 16th Edition, 1995; and
 - (b) other additional medical precautions and treatment recommended by the health care facility.
- (2) The designated officer must then forward these recommendations to the emergency medical services provider(s) who was/were exposed.
- (3) The department hereby adopts and incorporates by reference "The Control of Communicable Diseases Manual", published by the American Public Health Association, 16th Edition, 1995, which lists and specifies control measures for communicable diseases. A copy of "The Control of Communicable Diseases Manual" may be obtained from the American Public Health Association, 1015 15th Street NW, Washington, DC 20005.